

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/529332

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		5		1		
22	1		1			
23		1		1		
24		1		1		
25		3		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39		6		1		
40		6		1		
41		6		1		
42		6		1		
43	1		1			
44		1		1		
45		1		1		
46		3		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						